NC Medicaid Program
Correcting Common Dental Claim Denials

NC Medicaid paid for more than 3.4 million dental procedures during 2003-04. Payment was denied for various reasons for nearly 1 million dental procedures. The following table lists common reasons (EOB codes) for claim denial along with tips on how to correct or prevent future denials. These 20 EOB codes account for more than 80% of all denials of dental procedures. For all denied claims, compare the remittance advice (RA) with the information on the claim form to verify that the claim was keyed correctly.

EOB	Description	% of denials	Instructions
488	Suspected duplicate procedure	31.5	Check previous RAs or call the Automated Voice Response (AVR) System to verify payment.
1186	Procedure code not filed with "D" prefix	7.4	Dental procedure codes begin with "D". Correct the code and refile the claim.
8326	Attending provider number missing or invalid	6.0	Enter in field 54 the individual provider number of the treating dentist, and refile the claim.
191	MID # does not match patient name	5.8	Verify the recipient's name and ID number listed on the Medicaid card.
610	Tooth number missing or invalid	5.0	Refer to **Attachment A – Dental Billing Guide** for a list of procedures requiring a tooth number.
11	Recipient not eligible for date of service	2.7	Verify the recipient's name and Medicaid ID number listed on the Medicaid card.
1350	Claim not signed and signature not on file	2.7	Sign and refile the claim, or submit a "Provider Certification for Signature on File" form to EDS Provider Enrollment. The form is located at http://www.dhhs.state.nc.us/dma/Forms/pc.pdf.
537	Procedure not covered for date of service	2.5	Confirm that the procedure code is covered by NC Medicaid by referring to **Clinical Policy 4A: Dental Services**, which is available at http://www.dhhs.state.nc.us/dma/dental/1dental.pdf.
24	Procedure code missing or invalid	2.3	Confirm that the procedure code is covered by NC Medicaid by referring to **Clinical Policy 4A: Dental Services**, which is available at http://www.dhhs.state.nc.us/dma/dental/1dental.pdf.
143	MID # not on state eligibility file	2.2	Verify the recipient's name and Medicaid ID number listed on the Medicaid card.
758	One dental sealant allowed per tooth	2.1	Call the Automated Voice Response (AVR) System to determine sealant history. Dental sealants are allowed once per tooth per lifetime.
1050	Claim filed electronically; no ECS agreement	1.7	Contact EDS Electronic Commerce Services (ECS) to sign up for electronic claim submission.
614	One panoramic film allowed every 5 years	1.6	Call the Automated Voice Response (AVR) System to determine x-ray history. A panoramic film is allowed once per recipient every five years.
10	Procedure invalid for recipient age	1.5	Confirm the age limits placed by NC Medicaid on the specific procedure in **Clinical Policy 4A: Dental Services**, which is available at http://www.dhhs.state.nc.us/dma/dental/1dental.pdf.
498	Exact duplicate procedure	1.5	Check previous RAs or call the Automated Voice Response (AVR) System to verify payment.
4	Billing provider number missing or invalid	1.4	Enter in field 49 the 7-digit provider number of the dentist or practice that is to receive payment.
18	Claim filed beyond one-year time limit	1.4	Claims must be filed by 365 days from the first date of service; 180 days from the date of a Third Party or Medicare EOB, or 18 months from the date of a Medicaid EOB that did not deny for time limit. Refile the claim with a Medicaid Resolution Inquiry Form and proof of timely filing.
94	Indicate third-party insurance payment	1.4	Enter the amount of payment received from the third party insurance plan(s), and refile the claim.
508	Bitewings allowed once per year	1.3	Call the Automated Voice Response (AVR) System to determine x-ray history. Bitewings are allowed once per recipient in a twelve (12) calendar month period.
187	Quadrant/arch indicator missing or invalid	1.2	Refer to **Attachment A – Dental Billing Guide** for a list of procedures requiring a quadrant or arch indicator.

Call the Automated Voice Response (AVR) System toll free at 1-800-723-4337 to verify claim status. For additional assistance, contact EDS Provider Services at 1-800-688-6696 (919-851-8888 in the Raleigh area). Please have your remittance advice (RA) on hand because the Provider Services Representative will ask for key information.